



north platte obgyn

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

At North Platte OB/GYN, P.C., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

OUR OBLIGATIONS

We are required by law to:

- ❖ Maintain the privacy of protected health information.
- ❖ Give you this notice of our legal duties and privacy practices regarding health information about you.
- ❖ Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

We may use and disclose health information that identifies you in the following ways. Except for the following purposes, we will use and disclose health information only with your written permission. You may revoke such permission at any time by contacting our practice's privacy officer.

- ❖ **Treatment.** We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. We may disclose health information to doctors, nurses, technicians or other personnel, including people outside our office who are involved in your medical care.
- ❖ **Payment.** We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received.
- ❖ **Health Care Operations.** We may use and disclose health information for health care operations purposes. Health care operations include quality assessment and improvement activities, evaluating practitioner performance, conducting training programs, accreditation, certification, licensing or credentialing activities to make sure the obstetric or gynecologic care you receive is of the highest quality. We also may share information with other entities that have a relationship with you for their health care operations.
- ❖ **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose health information to contact you or your family to remind you that you have an appointment for treatment or medical care, either through voice mail message, phone message or mail service. We also may use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.
- ❖ **Persons Involved in Your Care or Payment For Your Care.** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing another person to pick up filled prescriptions, medical supplies, or other similar forms of health information. We may also disclose general information regarding your health information to the person responsible for payment of your account.
- ❖ **Research.** We may use or disclose health information for research that has gone through a special approval process. We may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

SPECIAL SITUATIONS

As required by law, we will disclose health information when required to do so by international, federal, state or local law.

- ❖ **To Avert A Serious Threat to Health or Safety.** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- ❖ **Business Associates.** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- ❖ **Organ and Tissue Donation.** If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement.

- ❖ **Military and Veterans.** If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release health information to the appropriate foreign military authority if you are a member of the foreign military.
- ❖ **Workers' Compensation.** We may release health information for workers' compensation or similar programs.
- ❖ **Public Health Risks.** We may disclose health information for public health activities, such as disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ❖ **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure.
- ❖ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discover request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ❖ **Law Enforcement.** We may release health information if asked by a law enforcement official if the information is in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in an emergency to report a crime, the location of the crime or victims, or to identify, describe or locate the person who committed the crime.
- ❖ **Coroners, Medical Examiners, and Funeral Directors.** We may release health information to a coroner or medical examiner. We also may release health information to funeral directors as necessary for their duties.
- ❖ **National Security and Intelligence Activities.** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- ❖ **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official.

YOUR RIGHTS

You have the following rights regarding health information we have about you.

- ❖ **Right to Inspect and Copy.** You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy the information you must make your request in writing to the Privacy Officer of North Platte OB/GYN, P.C.
- ❖ **Right to Amend.** If you feel the health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to the Privacy Officer of North Platte OB/GYN, P.C.
- ❖ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations, or for which you provided written authorization. To request an accounting of disclosures you must make your request in writing to the Privacy Officer of North Platte OB/GYN, P.C.
- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care. To request a restriction, you must make a request in writing to the Privacy Officer of North Platte OB/GYN, P.C. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- ❖ **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask that we contact you only by mail or at work. To request confidential communication, you must make your request in writing to the Privacy Officer of North Platte OB/GYN, P.C. Your request must specify how or where you wish to be contacted; we will accommodate reasonable requests.
- ❖ **Right to a Paper Copy of This Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer of North Platte OB/GYN, P.C. You will not be penalized for filing a complaint.

CONTACTS Privacy Officer, North Platte OB/GYN, P.C. 1115 South Willow, North Platte, NE 69101 (308-534-4804)